



MEDICAL WAIVER FOR SUNSCREEN

Date: _____

This waiver form does certify that:

Name: _____

Address: _____

City: _____

has the following medical condition:

which requires the following motor vehicles to be equipped with sunscreen materials that exceed those required by Nebraska Revised Statute 39-6,136.

Vehicle #1:

Make: _____ Model and Year: _____

Color: _____ Nebraska License #: _____

Vehicle Identification Number: _____

Owner: _____ Address: _____

Vehicle #2:

Make: _____ Model and Year: _____

Color: _____ Nebraska License #: _____

Vehicle Identification Number: _____

Owner: _____ Address: _____

Doctor's Signature: _____

Expiration Date: _____

Superintendent's Signature: _____